



TURBIDITY DATA SHEET FOR FILTERED SYSTEMS

I. PWS INFORMATION:

PWSID#: PWS Name: PWS Town: Treatment Plant Name: Reporting Period → Month: Year:

II. DAILY REPORTING:

Filtered Water Turbidity Measured: (check only one) ☐ Combined Filter Effluent ☐ Individual Filter Effluent¹ ☐ Clearwell ☐ Plant Effluent

Filtration Technology:

☐ Conventional ☐ Direct ☐ Alternative

Monthly Turbidity (95%) NTU Limit = 0.3

Max Day Turbidity NTU Limit = 1

☐ Slow Sand ☐ Diatomaceous Earth

Monthly Turbidity (95%) NTU Limit = 1

Max Day Turbidity NTU Limit = 5

Day	Max Filtered Water Turbidity Result ² (NTU)	Number of Turbidity Measurements ³	Number of Turbidity Measurements ≤ Monthly (95%) NTU Limit ⁴	Number of Turbidity Measurements > Max Day NTU Limit ⁵
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
Totals:		A	B	% Turbidity Meeting 95% Limit B/A x 100 % = X (Enter on SWTR – Form G)

1. May be used by systems serving less than 10,000 persons, subject to DEP approval.

2. Enter the Maximum Filtered Water Turbidity Result recorded each day, at the 4th hour or other approved interval.3. Enter the Total # of Turbidity measurements taken for each day. Measurements must be taken at a minimum of 4-hour intervals (i.e. 6 readings per day). For continuous monitors count each 4-hour period as 1 measurement. Record the actual turbidity result at the specified interval of time. Do not average turbidity measurements. If DEP approved, 15-minute readings (i.e. 96 readings per day) may be submitted. Filtered turbidity data must be kept on file for DEP review.

4. Out of the # of turbidity measurements taken and recorded in the previous column, enter the number of turbidity measurements that were less than or equal to the Monthly (95%) NTU Limit for the filtration technology used.

5. If at any time the filtered turbidity Max Day NTU Limit is exceeded, the DEP must be notified no later than the end of the next business day. For each exceedance, record the turbidity value(s) and date(s) on SWTR - Form G

I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge.

PWS Authorized Signature: _____

Date: _____ Title: _____

Submit to your MassDEP Regional Office within 10 days after the reporting month.